HEALTHCARE VALUE HUB

Data Brief | December 2025

Equity Considerations in Washington Survey on Health Care Affordability Burdens

Summary

According to a survey of more than 1,380 Washington adults conducted from September 9 to October 8, 2025, many residents have had inconsistent experiences accessing and affording the health care system in the past year. Among those respondents:

- Over 2 in 3 (68%) experienced at least one health care affordability burden in the past year;
- Nearly 4 in 5 (79%) worry about affording health care in the future;
- 65% are not confident they have enough money to cover the cost of major unexpected illness or injury in their households;
- 56% are not confident they have enough health insurance coverage to cover the cost of a major unexpected illness or injury in their households;
- Respondents living in households that include a person with a physical or cognitive impairment ration medication due to cost more frequently than respondents living in households without a person with a physical or cognitive impairment (35% versus 22%); delay or go without care due to cost more frequently (79% versus 61%); and experience more cost burdens due to medical bills (52% versus 28%);

Variations in Health Care Affordability Between Households

Factors like household income and composition impact how a person navigates the health care system. For example, Washington respondents in households earning less than $50,000 a year reported experiencing a health care affordability burden more frequently than wealthier households (see Table 1). The median household income in Washington in 2023 was $94,605.[1]

Table 1

Percent Who Experienced Health Care Affordability Burdens, by Income Group

	Less than $50k	$50,000 – $75,000	$75,001- $99,999	$100,001 - $200,000	≥ $200,000 **
Any Health Care Affordability Burden	78%	76%	63%	66%	52%
Any Health Care Affordability Worry	84%	83%	80%	76%	71%
Rationed Medication Due to Cost	34%	24%	24%	27%	14%
Delayed or Went Without Care Due to Cost	76%	74%	59%	64%	51%
Cost Burden due to Medical Bills	41%	40%	42%	33%	20%
Currently Have Outstanding Medical Bills	23%	27%	22%	20%	9%

Source: 2025 Poll of Washington Adults, Ages 18+, Altarum Healthcare Value Hub's Consumer Healthcare Experience State Survey
Note: Unweighted responses among those with incomes above $200,000 annually were below the level to provide reliable estimates, so results should be interpreted with caution.

Respondents that earn less than $50,000 annually also more frequently reported experiencing a cost burden due to medical bills, like incurring medical debt, depleting savings, or sacrificing basic needs like food, heat, or housing compared to those earning $100,000 or more annually (41% versus 33%). Still, over half of respondents living in higher income households also faced affordability issues, indicating that these burdens affect all income groups. At least 71% of respondents across all income levels expressed concern about affording health care now or in the future.

Similar to income, household composition can also influence the types of challenges that people are exposed to when navigating the health care system. People with a physical or cognitive impairment, for instance, interact with the health care system more often than others, which frequently results in greater out-of-pocket costs.[2] Washington respondents with a physical or cognitive impairment, or who live with a person with a physical or cognitive impairment, reported experiencing an affordability burden or concern more frequently than other respondents (see Table 2).

Table 2

Percent who Experienced a Health Care Affordability Burdens, Households that Include and Households that do not Include a Person with a Physical or Cognitive Impairment

	Household includes a person with a physical or cognitive impairment	Household does not include a person with a physical or cognitive impairment
Any Health Care Affordability Burden	82%	62%
Any Health Care Affordability Worry	85%	76%
Rationed Medication Due to Cost	35%	22%
Delayed or Went Without Care Due to Cost	79%	60%
Skipped Needed Maternity or Reproductive Care	5%	3%
Skipped a Recommended Medical Test or Treatment	30%	23%
Avoided Visiting a Doctor or Having a Procedure Done	31%	18%
Delayed Going to the Doctor or Having a Procedure done	35%	28%
Challenges Accessing Mental Health Care	24%	13%
Skipped or Delayed Getting a Medical Assistive Device	13%	5%
Experienced a Cost Burden due to Medical Bills	52%	28%
Currently Have Outstanding Medical Bills	33%	15%

Source: 2025 Poll of Washington Adults, Ages 18+, Altarum Healthcare Value Hub's Consumer Healthcare Experience State Survey

Variations in Health Care Affordability Between Demographic Groups

Research has shown that demographic differences persist in self-reported health status, access and affordability.[3] This survey also revealed variations in reported affordability burdens between demographic groups. Starting with education, Washington respondents with a Bachelor's or graduate degree reported experiencing a health care affordability burden less frequently than respondents with lower educational attainment. In contrast, respondents without a formal education beyond a high school diploma or GED reported experiencing a health care affordability burden (66%), and a health care cost burden due to medical bills (44%) more frequently than other respondents (see Table 3).

Table 3

Percent Who Experienced Health Care Affordability Burdens, by Educational Attainment

	High School Diploma or GED	Some College, Training, or Certificate Program	Associate Degree	Bachelor's Degree	Graduate School
Any Health Care Affordability Burden	77%	70%	65%	64%	68%
Any Health Care Affordability Worry	79%	85%	71%	83%	75%
Rationed Medication Due to Cost	30%	29%	18%	20%	29%
Delayed or Went Without Care Due to Cost	74%	70%	61%	63%	67%
Cost Burden Due to Medical Bills	42%	39%	36%	30%	31%
Currently Have Outstanding Medical Bills	22%	24%	21%	15%	21%

Source: 2025 Poll of Washington Adults, Ages 18+, Altarum Healthcare Value Hub's Consumer Healthcare Experience State Survey
Note: Respondents who reported completing some high school, graduating from high school or receiving a GED are represented in the "High School Diploma or GED" row; respondents who reported that they attended some or completed a graduate degree program are represented in the "Graduate School" row.

Likewise, certain respondents of color reported higher rates of multiple affordability burdens compared to white alone, non-Hispanic respondents. American Indian/Alaska Native and Hispanic or Latino respondents generally reported the highest rates of going without care and incurring financial burdens due to medical bills, followed by Black or African American respondents (see Table 4).

Table 4

Percent Who Experienced Health Care Affordability Burdens, by Race/Ethnicity

	Asian + Native Hawaiian or Other Pacific Islander	American Indian/ Alaska Native	Black or African American	Hispanic or Latino	White Alone, Non-Hispanic
Any Health Care Affordability Burden	62%	85%	80%	85%	63%
Any Health Care Affordability Worry	79%	84%	78%	79%	77%
Delayed or Went Without Care Due to Cost	58%	79%	61%	82%	62%
Rationed Medication Due to Cost	18%	33%	28%	48%	21%
Skipped Needed Maternity or Reproductive Care	3%	9%	5%	2%	3%
Delayed Going to the Doctor or Having a Procedure Done	22%	39%	32%	41%	28%
Challenges Accessing Mental Health Care	11%	24%	17%	21%	15%
Skipped or Delayed Getting a Medical Assistive Device	5%	16%	13%	7%	7%
Experienced a Cost Burden due to Medical Bills	28%	53%	49%	51%	31%

	Asian + Native Hawaiian or Other Pacific Islander	American Indian/ Alaska Native	Black or African American	Hispanic or Latino	White Alone, Non-Hispanic
Currently Have Outstanding Medical Bills	14%	18%	13%	16%	18%

Source: 2025 Poll of Washington Adults, Ages 18+, Altarum Healthcare Value Hub's Consumer Healthcare Experience State Survey
Note: The Respondents were presented with the following racial and ethnic groups to select: Black or African American, Hispanic or Latino, American Indian or Alaskan Native, Asian, Native Hawaiian or Other Pacific Islander, Middle Eastern or North African, White, Multiracial. Categories not listed above did not have sufficient response rates to report reliable estimates.

Differences in the frequency of reported health care affordability burdens and concerns by sex also emerged in the survey results. Women and men reported similar rates of going without care due to cost and rationing medication, although women reported higher rates of outstanding medical bills (23% versus 18%) (see Table 5). Although many respondents expressed concerns about health care costs, a higher percentage of female respondents reported being worried about affording some aspect of coverage or care compared to male respondents (86% versus 71%).

Table 5
Percent Who Experienced Health Care Affordability Burdens, by Sex

	Female Respondents	Male Respondents
Any Health Care Affordability Burden	68%	68%
Any Health Care Affordability Worry	86%	71%
Rationed Medication Due to Cost	27%	25%
Delayed/Went Without Care Due to Cost	65%	66%
Experienced a Cost Burden due to Medical Bills	35%	35%
Currently Have Outstanding Medical Bills	23%	18%

Source: 2025 Poll of Washington Adults, Ages 18+, Altarum Healthcare Value Hub's Consumer Healthcare Experience State Survey

Respondents that identify as sexually diverse also experienced affordability burdens, with 33% reporting rationing medication due to cost compared to 25% of respondents that are not a part of a sexual minority group (see Table 6). Members of these communities experience higher rates of disability and encounter unique challenges accessing health care and medications.[4,5,6]

Table 6
Percent Who Experienced Health Care Affordability Burdens, by Sexual Diverse Respondents

	Sexual Diverse	Not Sexual Diverse
Any Health Care Affordability Burden	86%	64%
Any Health Care Affordability Worry	89%	77%
Rationed Medication Due to Cost	33%	25%
Delayed/Went Without Care Due to Cost	81%	63%
Avoided Visiting a Doctor or Having a Procedure Done	6%	3%
Challenges Accessing Mental Health Care	28%	14%
Experienced a Cost Burden due to Medical Bills	52%	34%

Currently Have Outstanding Medical Bills	31%	19%

Source: 2025 Poll of Washington Adults, Ages 18+, Altarum Healthcare Value Hub's Consumer Healthcare Experience State Survey
Note: Respondents were asked if they are a member of the Sexual Diverse community, including lesbian, gay, bisexual, and other individuals in the community.

Most (82% of) Washington respondents agreed or strongly agreed that the U.S. health care system needs to change. Interestingly, there is bipartisan support for government-led solutions for more information on the types of strategies Washington residents support, see: *Washington Residents Struggle to Afford High Health Care Costs; Worry about Affording Health Care in the Future; Support Government Action across Party Lines*, Healthcare Value Hub, Data Brief (November 2025).

About the Altarum Healthcare Value Hub

With support from the Robert Wood Johnson Foundation and Arnold Ventures, the Healthcare Value Hub provides free, timely information about the policies and practices that address high health care costs and poor quality, bringing better value to consumers. The Hub is part of Altarum, a nonprofit organization with the mission of creating a better, more sustainable future for all Americans by applying research-based and field-tested solutions that transform our systems of health and health care.

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Methodology

Altarum's Consumer Healthcare Experience State Survey (CHESS) is designed to elicit respondents' views on a wide range of health system issues, including confidence using the health system, financial burden and possible policy solutions. This survey, conducted from September 9 to October 8, 2025, used a web panel from Dynata with a demographically balanced sample of approximately 1,700 respondents who live in Washington. Information about Dynata's recruitment and compensation methods can be found here. The survey was conducted in English or Spanish and restricted to adults ages 18 and older. Respondents who finished the survey in less than half the median time were excluded from the final sample, leaving 1,383 cases for analysis. After those exclusions, the demographic composition of respondents was as follows, although not all demographic information has complete response rates:

Demographic Characteristic	Frequency	Percent
Sex		
Woman	803	58%
Man	580	42%
Sexual Diverse	242	17%
Insurance Type		
Health insurance through my or a family member's employer	581	42%
Health insurance I buy on my own	128	9%
Traditional Medicare, coverage for seniors and those with serious disabilities	110	8%
Medicare Advantage	153	11%
Apple Health, Washington Medicaid	279	20%
TRICARE/Military Health System	29	2%
Department of Veterans Affairs	9	1%
No coverage of any type	61	4%
I don't know	33	2%
Race		
American Indian/Native Alaskan	161	12%
Asian	282	20%
Black or African American	341	25%
Native Hawaiian/Other Pacific Islander	54	4%
Middle Eastern/North African	15	1%
White	623	45%
Two or More Races	96	11%
Ethnicity		
Hispanic or Latino	120	9%
Non-Hispanic or Latino	1263	91%
Age		
18-24	303	22%
25-34	325	24%
35-44	298	22%
45-54	152	11%
55-64	154	11%
65+	146	11%
Party Affiliation		
Republican	309	22%
Democrat	471	34%
Independent	603	44%

Demographic Characteristic	Frequency	Percent
Household Income		
Under $20K	239	17%
$20K-$29K	118	9%
$30K - $39K	118	9%
$40K - $49K	116	8%
$50K - $59K	122	9%
$60K - $74K	119	9%
$75K - $99K	165	12%
$100K - $149K	190	14%
$150K $199K	124	9%
$200K+	72	5%
Education Level		
Some high school	55	4%
High school diploma/GED	296	21%
Some college or training/certificate program	306	22%
Associate degree	143	10%
Bachelor's degree	335	24%
Some graduate school	30	2%
Graduate degree	218	16%
Self-Reported Health Status		
Excellent	209	15%
Very Good	440	32%
Good	470	34%
Fair	209	15%
Poor	55	4%
Disability		
Mobility	216	16%
Cognition	157	11%
Independent Living	114	8%
Hearing	81	6%
Vision	74	5%
Self-Care: Difficulty dressing or bathing	59	4%
No disability or long-term health condition	994	68%

Source: 2025 Poll of Washington Adults, Ages 18+, Altarum Healthcare Value Hub's Consumer Healthcare Experience State Survey

Percentages in the body of the brief are based on weighted values, while the data presented in the demographic table is unweighted. An explanation of weighted versus unweighted variables is available here. Altarum does not conduct statistical calculations on the significance of differences between groups in findings. Therefore, determinations that one group experienced a significantly different affordability burden than another should not be inferred. Rather, comparisons are for conversational purposes. The groups selected for this brief were selected by advocate partners in each state based on organizational/advocacy priorities. We do not report any estimates under N=100 and a co-efficient of variance more than 0.30.

Notes

[1] U.S. Census Bureau, U.S. Department of Commerce. (2023). Washington Income in the Past 12 Months (in 2023 Inflation-Adjusted Dollars). American Community Survey, ACS 1-Year Estimates Subject Tables, Table S1901. Retrieved December 16, 2025, from https://data.census.gov/table/ACSST1Y2023.S1901?g=040XX00US53

[2] Miles, Angel L., Challenges and Opportunities in Quality Affordable Health Care Coverage for People with Disabilities, Protect Our Care Illinois (February 2021), https://protectourcareil.org/index.php/2021/02/26/challenges-and-opportunities-in-quality-affordable-health-care-coverage-for-people-with-disabilities/

[3] Mahajan, S., Caraballo, C., Lu, Y., et al. (2021). Trends in differences in health status and health care access and affordability by race and ethnicity in the United States, 1999-2018, JAMA, 326(7), 637-648. Trends in Differences in Health Status and Health Care Access and Affordability by Race and Ethnicity in the United States, 1999-2018 | Health Disparities | JAMA | JAMA Network

[4] Alex Montero, Liz Hamel, Samantha Artiga, & Lindsey Dawson. (2024). LGBT Adults' Experiences with Discrimination and Health Care Disparities: Findings from the KFF Survey of Racism, Discrimination, and Health. KFF. https://www.kff.org/racial-equity-and-health-policy/poll-finding/lgbt-adults-experiences-with-discrimination-and-health-care-disparities-findings-from-the-kff-survey-of-racism-discrimination-and-health/

[5] Bosworth, Arielle, et al., Health Insurance Coverage and Access to Care for LGBTQ+ Individuals: Current Trends and Key Challenges, ASPE Office of Health Policy (July 2021), https://www.aspe.hhs.gov/sites/default/files/2021-07/lgbt-health-ib.pdf

[6] Casanova-Perez R, Apodaca C, Bascom E, et al, "Broken down by bias: Healthcare biases experienced by BIPOC and LGBTQ+ patients," AMIA Annu Symp Proc. 2022;2021:275-284, Published 2022 Feb 21.